

DELL CLAIM FORM
RI Department of Attorney General
CONSUMER PROTECTION UNIT (401) 274-4400

Please review this form **BEFORE** filling it out. Once reviewed, please fill out the form **completely and return it postmarked by no later than April 13, 2009.** If you are filing a claim for more than one product or service, you will need to fill out a separate claim form for each product or service. Feel free to make copies of this form or, if necessary, you may contact the office for additional forms. Please return this claim form with any additional pages, if necessary, and copies (no originals, please) of documents you feel help explain or substantiate your claim. **Be sure to include a dollar amount in the "Amount you claim you are owed" even if that amount is your best estimate.** Please do your best to provide complete information. If you cannot provide all of the information we are requesting, it will not necessarily eliminate your claim. However, we may need to obtain additional information from you, which could delay consideration of your claim. **NOTE: IT IS IMPORTANT TO FILL OUT THE BOTH PAGES OF THIS FORM AND TO MAKE A COPY FOR YOUR RECORDS.**

CLAIM INFORMATION

① "Dell Preferred Account" number (if known/applicable): _____

② Dell product or service you are filing a claim for: _____

③ Date of Purchase: ____/____/____

④ Purchase Price: _____

⑤ Check all those items that apply:

- ☐ I was promised "Same as Cash" promotional financing (interest rates waived for a period of time, e.g., 90 days, 1 year, etc.) when I signed up for my Dell Preferred Account ("DPA") and/or purchased the item advertised with the promotional financing offer, but when I was billed for the item, I discovered that I did not, in fact, get the promotional financing.
- ☐ I received a "Same as Cash" promotional financing incentive, but Dell charged me interest I never agreed to.
- ☐ The interest rate on my DPA turned out to be higher than I was told at the time I signed up for the account.
- ☐ I applied for, but never received, a rebate that Dell promised when I purchased my product.
- ☐ I incurred unexpected fees on my DPA (for example, late charges) that I did not owe.
- ☐ Dell (or their agent) failed to satisfactorily repair or replace the identified product covered by my extended warranty.
- ☐ Dell failed or refused to provide next business day "on site" service promised in my extended or other warranty coverage.
- ☐ Dell refused to attempt repair on an item that failed during the warranty period.
- ☐ Dell failed or refused to repair an item that was no longer on warranty but which I informed Dell about before the warranty expired.
- ☐ I had to pay for someone other than Dell (or their agent) to repair the item.
- ☐ Dell failed to satisfactorily repair or replace the identified product that failed during the warranty period.

⑥ Please provide the following amounts that apply to the items you checked on the left:

Extra amount in interest I paid: _____

Dollar value of Rebate promised: _____

Fees I paid: _____

Amount paid for extended warranty: _____

Amount paid Dell for on-site coverage: _____

For any **service-related** items checked on the left (and not shown above), the following is the amount I paid out of pocket to Dell or to another service provider: _____

- 7 Have you received a refund, account credit, replacement or other payment from Dell, your credit card company, or from any other source related to the product or service you have identified on this claim form? Yes ☐ No ☐
- 8 Have you been or are you currently a party to any legal action against Dell? Yes ☐ No ☐
- 9 If you answered "YES" to either question, please explain and identify any amounts you were refunded:

10 Total amount you claim you are still owed: _____ (total all dollar amounts you have provided on front of form and subtract any refunds, credits or other payment entered above)

11 Please provide a brief explanation of your claim below and how you determined the monetary amount you are claiming. Please be aware that your claimed amount may be subject to verification and a representative of our office may need to contact you to ask for clarifying information.

12 CLAIMANT INFORMATION

Please Print or Type

Name: _____
Last First Middle Initial

Address: _____

City: _____ State _____ Zip _____

Phone: (____) _____ (Day) (____) _____ (Evening) E-mail address: _____

Have you filed a complaint about Dell with the Rhode Island Department of Attorney General before? Yes ☐ No ☐

If Yes, list the file number _____

I declare, under penalty of perjury under the laws of the State of Rhode Island, that the information contained in this claim is true and accurate, and that any documents attached are true and accurate copies of the originals. I understand that my claim and the related documents will become a "public record" and under state law can be subject to a public records disclosure request and thus be seen by other people.

Signature

Date

City and State where signed

_____/____/____

Please return completed Claim Form to:

Dell Restitution Program
Rhode Island Department of Attorney General
Consumer Protection Unit
150 South Main Street
Providence, Rhode Island 02903

This form must be returned post-marked no later than April 13, 2009. Within ten (10) days of submitting the claim form, please contact the Consumer Unit to confirm its receipt.

For more information, please contact the Consumer Unit at (401) 274-4400, extension 1, or visit our website at www.riag.state.ri.us.